

5-19-05

A CENTE

Attorney Docket No.: 9D-HR-19614-Daum et al.

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Wolfgang Daum et al.

Group No.: 2132

Serial No.:

09/748,441

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Filed:

December 27, 2000

Examiner: Dinh, Minh

For:

**AUTHENTICATION OF REMOTE** 

APPLIANCE MESSAGES USING

AN EMBEDDED

CRYPTOGRAPHIC DEVICE

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

#### **TRANSMITTAL**

- 1. Transmitted herewith is:
  - Amendment in Response to the Office Action dated March 23, 2005 (19 pgs.)
  - Amendment Transmittal (3 pgs., in duplicate)
  - Return post card

#### **STATUS**

2. Applicant

claims small entity status.

is other than a small entity.

# CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV 459191460 US

Date: May 18, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

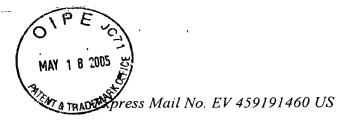
Patrick W. Rasche, Reg. No. 37,916

# **EXTENSION OF TERM**

	erein are for a patent app	lication and the prov	isions of 37 C.F.R. 1.136							
(complete (a) or (b), as applicable)										
(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)										
		Other than sma entity Fee	Small entity Fee (if applicable)							
	first month	\$ 120.00	\$ 60.00							
	second month	\$ 450.00	\$ 225.00							
	third month	\$ 1,020.00	\$ 510.00							
	fourth month	\$1,590.00	\$ 795.00							
	fifth month	\$2,160.00	\$1,080.00							
		Fee:	\$							
n additional extensio	on of time is required, plo	ease consider this a p	etition therefor.							
	(Check and complete the ne	ext item, if applicable)								
there	efor \$ is deducted									
Extension fee due with this request \$										
OR										
(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.										
	apply.  (a) Appl  Exwi  an additional extension  An acther of extension  (b) X Application applic	(complete (a) of (complete (a) of (Fees: 37 C.F.R. 1.17(a)-(d) (Fees: 37 C	(complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of Extension for response Within: entity Fee first month \$ 120.00 \$ second month \$ 450.00 \$ fourth month \$ 1,020.00 \$ fourth month \$ 1,020.00 \$ fourth month \$ 2,160.00 \$ fifth month \$ \$ 2,160.00 \$ Fee:  In additional extension of time is required, please consider this a process of the entity for the description of the entity for the total fee due of extension now requested.  Extension fee due with this request \$ OR \$ \$ CR \$ Applicant believes that no extension of term is required.							

# FEE FOR CLAIMS

	(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY		
	REMA AF	AIMS AINING TER		HIGHEST NO. PREVIOUSLY	PRESENT	ADDITIÓNAL.	OR	ADDITIONAL RATE FEE		
	AMEN	DMENT	MINUS	PAID FOR	EXTRA =	RATE FEE x \$25.00 = \$	T OK	x \$50.00 = \$		
TOTAL INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$		
	FIRS	Γ PRESEN	FATION OF	MULTIPLE DEP. (	CLAIM	+ \$180.00 = \$	-	+ \$360.00 = \$		
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$		
	(a)	$\boxtimes$	No add	itional fee fo	r Claims is	s required				
					OR					
	(b)		Total ac	dditional fee	for claims	required \$				
				FEE 1	PAYMEN	T				
5.		Attach	ed is a c	heck in the s	um of \$	<del></del> .				
		Charge Deposit Account No. 01-2384 the sum of \$  A duplicate of this transmittal is attached.								
				FEE D	EFICIEN	CY				
6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.								
				A	ND/OR					
	$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.								
7.		Other:				trick W. Rasche g. No. 37,916	^			
					Or St.	MSTRONG TEAS e Metropolitan Squa Louis, MO 63102 4-621-5070				



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#### **AMENDMENT**

Mail Stop: AMENDMENT Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 23, 2005, please amend the above identified application as follows.